

# Greyhope School Nursery Day Care of Children

Greyhope School and Community Hub  
Tullos Circle  
Aberdeen  
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**Type of inspection:**  
Unannounced

**Completed on:**  
10 December 2025

**Service provided by:**  
Aberdeen City Council

**Service provider number:**  
SP2003000349

**Service no:**  
CS2003014526

## About the service

Greyhope School Nursery provides a daycare service within the residential area of Torry. The service provides care for a maximum of 65 children not yet attending primary school at any one time. No more than 5 are aged 2 years to under 3 years. Minimum adult:child ratios will be: 2 years to under 3 years - 1:5 3 years and over - 1:8 if the children attend more than 4 hours per day, or 1:10 if the children attend for less than 4 hours per day.

The nursery has a dedicated space within the Greyhope School and Community Hub. The nursery has a large indoor playroom which staff use and adapt to meet the changing needs of the group. Children's toilets and nappy changing facilities are easily accessible directly from the playroom. A small kitchen area allows staff to prepare meals such as snacks in a safe area. The school kitchen provides the nursery meals with options for parents to provide a packed lunch. A large, secure garden provides children with outdoor play space. The school is in a residential area with limited parking. Access to the school is by foot, car or local bus route.

## About the inspection

This was an unannounced inspection which took place on 8 December 2025 between the times of 09:00 and 17:15, 9 December 2025 between the times of 08:35 and 16:10 and 10 December 2025 between the times of 10:00 and 11:50. This inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spent time with children using the service and spoke to seven of their parents/carers
- received 11 completed questionnaires from parents/carers and seven from staff through our online questionnaires
- assessed core assurances, including the physical environment
- spoke with staff and the management team
- observed practice and children's experiences
- reviewed documents.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, no improvements were identified relating to core assurances.

During this inspection we gathered specific information to help us understand more about how services support children's safety, wellbeing and engagement in their play and learning. This included reviewing the following aspects:

- staff deployment
- safety of the physical environment, indoors and outdoors
- the quality of personal plans and how well children's needs are being met

- children's engagement with the experiences provided in their setting.

This information will be anonymised and analysed to help inform our future work with services.

## Key messages

- Strong leadership within the service promoted a culture of continuous improvement.
- Staff were committed to developing their skills and knowledge.
- Children were confident in their environment independently accessing resources and spaces to support their play.
- Play and learning opportunities should continue to be developed to promote children with challenge and develop their skills.
- Children were well settled, happy and having fun during their time at nursery.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

Leadership	4 - Good
Children thrive and develop in quality spaces	4 - Good
Children play and learn	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate

Further details on the particular areas inspected are provided at the end of this report.

**Leadership 4 – Good****Quality Indicator: Leadership and management of staff and resources**

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

A recent review of the service's vision, values and aims meant that they reflected the aspirations for children and families in the community. Families and other stakeholders had input to the new statement promoting their relevance. The illustrations made them unique and supported an awareness and understanding of what was important to the service. The values were reflected in the service provided, for example, creating bridges to other parts of the community.

Processes were in place for self-evaluation of the service involving the manager and staff. There were opportunities for parents to be involved, with most families we spoke to saying they were able to make suggestions or raise concerns. However, a few families did not feel they were able to contribute. The manager and senior staff were considering how to promote further opportunities for parental engagement with the service.

Quality assurance practices, including audits and monitoring, fed into the self-evaluation. The manager and staff fully engaged with support from the local authority and the inspection process. A quality assurance calendar was used to ensure a shared understanding of what was expected. The delegation of some tasks meant the process was achievable. Staff said they felt involved in the evaluation of the service and in reflections on their practice.

Improvements had been made since the last inspection, particularly in the environment. Senior staff recognised the challenges of changes for staff and families accessing the service. Action plans and regular reviews and reflection supported the pace of change. They enabled the manager to have a good overview of where further development was needed. Children benefitted from the ethos of improvement and their learning through play was central to planned changes. When carrying out evaluations of the change, the manager should ensure that this also centres around the impact for children rather than completion of actions.

National guidance documents such as 'A quality framework for the early learning and childcare sectors' and 'Realising the Ambition' were being used to inform improvements. This supported change that was reflective of best practice guidance and current key documents.

The importance of safe recruitment and retention of staff was recognised as important to promoting children's wellbeing. Absences were well managed with familiar relief staff used where possible to promote attachments and continuity of care. Staff photos were displayed in the cloakroom and on the nursery social platform, promoting relationships with families.

Induction processes were in place using the National Induction Resource. Staff agreed that they felt supported by colleagues during their induction, promoting confidence in their role.

## Quality Indicator: Staff skills, knowledge, values and deployment

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Staff demonstrated an understanding of child development and how children learn, including those with additional support needs. They engaged in professional learning to strengthen their knowledge and made effective use of resources such as 'Curriculum for Excellence', 'Progression pathways', and 'Realising the Ambition'.

Opportunities for professional discussion and reflection were provided through in-service days, weekly meetings, and regular 'huddles'. Staff valued these sessions, and used them to reflect on practice and plan improvements. One-to-one meetings were used effectively to set and review professional development targets. While there was scope to expand opportunities for professional dialogue within and beyond the service, staff were committed to reflective practice and continuous improvement.

Supervision was effective, and staff were clear about their roles and responsibilities. They were open to suggestions and willing to try new approaches to support children. Most staff felt listened to by senior leaders and recognised that not all discussions led to immediate change. While they understood the challenges of managing priorities and pace of change some felt senior staff could be more responsive to individual suggestions. Leaders worked collaboratively with staff to ensure changes were purposeful and manageable, and staff expressed pride in the improvements achieved. All staff were appropriately registered with professional bodies and supported to maintain registration conditions.

Staff were passionate about providing high-quality care and were proud of the progress made within the service. While some felt overwhelmed at times by the pace of change, they acknowledged the positive impact of improvements and remained committed to delivering the best outcomes for children. Leaders recognised the need to maintain a solution-focused approach and to continue supporting staff through change.

Staff deployment was well managed. Leaders ensured a balance of skills and experience within the team and provided time for new staff to settle in. Relief staff were integrated effectively, and absences were managed to maintain continuity of care, using familiar staff to minimise disruption. Communication amongst staff was strong, with effective use of walkie-talkies to coordinate tasks and ensure children's safety. For example, staff informed colleagues when taking a child outdoors and confirmed doors were locked. Individual staff breaks were organised to avoid disrupting children's experiences, with familiar staff carrying out targeted support for children. However, consideration to staff deployment after children have eaten would be beneficial to support a smoother transition back to play.

Overall, staff skills, knowledge, and values were good. They demonstrated a strong understanding of child development, engaged in professional learning, and worked collaboratively to improve practice. Staff were committed to nurturing relationships and delivering positive experiences for children. Deployment was effective, and communication supported safety and continuity of care. While there was scope to further develop opportunities for professional dialogue and refine support during transitions, these did not detract from the positive impact staff had on children's wellbeing and learning.

**Children thrive and develop in quality spaces****4 - Good****Quality Indicator: Children experience high quality spaces**

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

The environment was welcoming and met children's needs. There was space for children to play with places to store their belongings, supporting children to feel included and valued. Parents were able to gather in the room, which supported positive relationships and a sense of community. In the cloakroom key information was displayed to promote home learning and provide access to local support services. The adjoining community café area offered opportunities for parents to meet and form supportive relationships.

The layout of the playroom had been organised into clear zones. These included messy and sensory play, role play, and mark-making areas, with quieter spaces such as a book corner and a cosy area. A sensory room was available, and small group work took place in the cloakroom, although further enhancements such as rugs could make this space more inviting. The outdoor area had been developed with care and continued to evolve to reflect children's interests, offering a stimulating and varied environment.

Risk assessments were in place and considered both benefits and hazards, with mitigations reflected in practice to support children's safety. Staff maintained good awareness of where children were, using head counts and a "magic number" system to monitor movement. Children were supported to engage in risky play, and staff reminded them to be careful and considerate of others. Some explanations could have been more effective in helping children understand why certain behaviours were unsafe. Infection prevention and control measures were implemented well, with clean areas and appropriate processes for managing toileting accidents. Handwashing routines were in place, though there was scope for more consistent supervision to ensure best practice was consistently followed by children.

Children influenced the design and use of spaces, and observations of their play informed changes to the layout and resources. This meant the areas and resources generally reflected children's interests. They were able to move freely between areas and direct their own play. Small group sessions were encouraged but children could choose to continue their play. Jackets were stored near the playroom door to enable easy access to outdoor play. Outdoor play was a particular strength, with children enjoying water play and other activities that reflected their interests. Staff interactions outdoors were confident and purposeful, promoting meaningful learning experiences.

The environment was inclusive and reflected the diversity of the community. Initiatives such as Childsmile, Active Schools, and local health projects supported children and families. Welcome signs in different languages promoted belonging. A lending library and awareness of barriers for parents in accessing resources helped staff provide appropriate support. Resources were varied, adaptive, and responsive to children's needs, including climbing equipment outdoors and sensory materials indoors. Spaces and resources promoted equity and inclusion. Staff interactions reinforced this by providing support to children in some social situations.

Information management was safe and secure, with digital records password-protected and access restricted to relevant staff. Confidentiality was understood and implemented consistently, and information was stored in line with best practice guidance, respecting children's rights.

Overall, the quality, safety, and maintenance of spaces were good. Children benefitted from a well-organised, inclusive, and stimulating environment that supported independence, choice, and meaningful learning. Risk management and infection control were effective, and staff demonstrated a strong commitment to creating spaces that reflected children's interests and promoted wellbeing. While some minor improvements were identified, such as enhancing explanations during risky play and refining small group spaces, these did not detract from the positive impact on children's experiences.

## Children play and learn

## 3 – Satisfactory / Adequate

### Quality Indicator: Playing, learning and developing

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Staff demonstrated an understanding of children's learning and development across all age groups, including those with additional support needs. This supported children to engage confidently with a range of experiences both indoors and outdoors. Children moved freely between activities, following their interests, and were generally motivated and settled. The environment offered creative opportunities, and staff were responsive to children's ideas, such as writing particular letters or numbers and joining in games.

Digital technology was available and used to enhance learning, for example, through interactive games and sensory experiences. Families were kept informed through recorded observations shared via a digital app and regular in person reviews. This helped maintain positive relationships and some continuity between home and the setting.

Children benefitted from a balance of adult-led and child-led experiences, including opportunities to develop early literacy and numeracy. Staff interactions often supported the use of mathematical language and concepts such as counting and comparison. Children were encouraged to explore mark-making in different ways. However, planning for progression was still at an early stage and did not consistently provide increasing challenge. While imaginative play was offered, barriers remained that limited its effectiveness in supporting deeper learning.

Interactions were generally warm and responsive, and staff used open-ended questions to extend children's thinking at times. There were examples of good practice, such as encouraging problem-solving and supporting communication skills. A previous area for improvement to support staff developing their skilled interactions has been met. However, there were missed opportunities to build on children's ideas or explain safety expectations, and responsiveness reduced during busy transitions. For example, we identified that after lunch, some children would have benefitted from more support to engage them in purposeful play. This is further explained under quality indicator 'Nurturing care and support'. Staff managed conflict between children when it occurred but were less proactive in preventing escalation. Small group work was used to target language development, and leaders had begun to evaluate its impact, although this was not yet embedded.

Planning was child-centred and staff were developing confidence in using new formats to identify gaps in provision. Observations were shared with families and linked to experiences and outcomes, but they were often group-focused and lacked specific next steps for individual progression. Personal plans for children with additional needs contained strategies to support wellbeing, but learning targets were not consistently detailed. Staff recognised these gaps and were committed to improving practice. An area for improvement

in this area has been carried forward from the last inspection. See the section "What the service has done to meet any areas for improvement we made at or since the last inspection" further in the report.

Overall, children experienced a positive and enabling environment where they could play and learn at their own pace. Staff knowledge and relationships supported engagement and wellbeing. However, inconsistencies in planning, observation, and interaction limited the depth of learning and progression for some children. The service had identified these areas for development and had plans in place to address them, which, if implemented effectively, should lead to improved outcomes.

## Children are supported to achieve 3 - Satisfactory / Adequate

### Quality Indicator: Nurturing care and support

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

Staff demonstrated a clear understanding of the importance of nurturing relationships with children and families. They regularly offered physical reassurance, such as cuddles, and spent time at children's level to promote comfort and trust. Children were generally safe and supported to express their needs, and staff showed awareness of individual non-verbal cues when time allowed.

The importance of transitions was recognised; however, these were not always managed effectively to support children and family wellbeing. While parents felt comfortable entering the nursery, some required additional support with separation and occasionally waited for extended periods. Transitions after lunch and into group times could have been smoother, for example, by gathering resources before encouraging children to participate. (See area for improvement 1.)

Leaders understood the value of a stable staff team in promoting consistent relationships. Staff appreciated time with key children as opportunities to build attachments and learn about their lives. Children's privacy and dignity were respected during toileting, and staff responded sensitively when accidents occurred. However, there were minor delays in supporting children to change due to searching for resources, and open toilet doors occasionally compromised privacy.

Children experienced nutritious meals that met dietary needs, while supporting them to try new foods when appropriate. For example, children with packed lunches were still offered some of the prepared lunch. Mealtimes were relaxed and sociable, with staff sitting alongside children and engaging in conversation. This supported safety and allowed monitoring of food intake. Towards the end of mealtimes, transitions back into play were less positive, with children climbing over dividers and tables. Staff were torn between remaining with children who were eating and managing play areas. Leadership acknowledged the need for clearer roles at these times. Fresh water was available, but this was not routinely accessed outside mealtimes, more could be done to encourage children's hydration throughout the session.

Consistent routines helped children feel secure, and the key worker system promoted continuity of care, although this was less effective during busy periods. Medication was administered safely, and records were detailed and in line with guidance. Accident records were mostly clear and supported audits, but there were occasional delays in notifying parents, the manager agreed to monitor and improve this.

Personal plans were used effectively and were individualised for children with enhanced care needs. These plans contained sufficient detail to guide staff in promoting wellbeing and meeting needs, and strategies

were observed in practice. For other children, plans could have included more specific strategies, such as how to build confidence or encourage separation from parents. Plans reflected key principles such as 'getting it right for every child' and the wellbeing indicators and were linked to children's rights. Families were involved in reviewing plans and reported positive engagement, although a few parents would have appreciated more detailed daily feedback. Leadership had taken steps to address this by ensuring staff were available at key times and directing parents to those who had spent time with their child. Staff approaches were flexible and responsive to children's changing needs, though plans were not always fully implemented due to competing demands.

Staff demonstrated good knowledge of children and families, and this was reflected in practice. Relationships with families were a strength, and parents agreed they felt well connected to staff. Links with other professionals were managed effectively. Initiatives such as lending libraries and home learning posts on the digital platform supported family involvement in children's learning. Daily conversations with parents were used to share information and offer support where needed. These could be more consistent to include quieter parents who may not actively seek help.

Overall, children experienced nurturing care and positive relationships that supported their wellbeing. Mealtimes were sociable, and personal plans reflected best practice principles. However, transitions, privacy arrangements, and consistency in sharing daily information required improvement. The service had identified these areas and were committed to addressing them, which should lead to better outcomes for children and families.

## Areas for improvement

1. To meet the needs of children throughout the routine of the day, the provider and manager should ensure that children receive the support they need during transitions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

## What the service has done to meet any areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

To enable children to receive high quality care, play, learning and development opportunities, the provider, manager and staff should ensure that staff have the knowledge and skills to:

- Provide more challenge to children in their learning; and
- Extend and deepen children's learning further.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 13 January 2025.**

**Action taken since then**

Staff demonstrated the knowledge and skills to provide children with challenge and extend their learning through skilled interactions and provocations for play. Due to other challenges staff were not able to consistently use these skills for all children throughout the day. Work should continue to reduce barriers to staff consistently using their skills to challenge and extend children's learning.

**This area for improvement has been met.**

**Previous area for improvement 2**

To ensure children experience high quality learning and development, the provider and manager should ensure that observation and assessment of children's individual learning supports and identifies progress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported to achieve my potential in my education and employment if this is right for me' (HSCS 1.27).

**This area for improvement was made on 13 January 2025.**

**Action taken since then**

Work had been undertaken in this area resulting in the implementation of a new system for observing assessing and planning for children's individual learning. Time was needed for this to be fully implemented and to develop staff confidence in the system.

**This area for improvement has not been met and will remain in place.**

**Previous area for improvement 3**

To meet the needs of all children, the provider and manager should ensure staff are skilled and confident in taking a proactive approach to identifying when children may require extra support and that this is then implemented in an effective way.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

**This area for improvement was made on 13 January 2025.**

**Action taken since then**

During the session staff were proactive in placing themselves so they could identify when children needed support. Effective communication between staff supported this while children were engaged. However,

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during transitions this was not effective – therefore work should continue to develop a more cohesive and proactive approach at these times.

**We recognise progress, however, this area for improvement has not been fully met and has been rewritten to address outstanding issues under quality indicator, Nurturing care and support.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

Leadership	4 - Good
Leadership and management of staff and resources	4 - Good
Staff skills, knowledge, values and deployment	4 - Good
Children thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good
Children play and learn	3 - Satisfactory / Adequate
Playing, learning and developing	3 - Satisfactory / Adequate
Children are supported to achieve	3 - Satisfactory / Adequate
Nurturing care and support	3 - Satisfactory / Adequate

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